

OFC 2024 ATTENDEE PRE-REGISTRATION FORM

24 – 28 March 2024 • San Diego Convention Center, San Diego, CA, USA and on ofcconference.org

Mail: OFC 2024
c/o Optica
2010 Massachusetts Ave., NW
Washington, DC, USA

Email: AttendeeReg@optica.org
Phone: +1 800.888.2843 or +1 972.349.7840 from 07:00 - 18:00 CT (UTC-06:00)
Event Policies and Terms: ofcconference.org/eventpolicies

A: PERSONAL INFORMATION One registrant per form; copy form for additional registrants.
ALL questions MUST be answered to process your registration.

FIRST (GIVEN) NAME		LAST (FAMILY) NAME	
JOB TITLE		COMPANY/PROFESSIONAL AFFILIATION	
WORK ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
WORK PHONE		EMAIL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	

Society Membership: You must be a member of IEEE ComSoc, IEEE Photonics Society, IEEE or Optica to qualify for Member rates. (Select all that apply, and provide your ID Number)

IEEE ComSoc _____ IEEE Photonics Society _____
 IEEE _____ Optica (formerly OSA) _____

B: REGISTRATION TYPES AND RATES

In-Person	Before/On 23 February	After 23 February
Full Conference Member	USD 756.00	USD 897.00
Full Conference Non Member	USD 948.00	USD 1103.00
Full Conference Student Member	USD 222.00	USD 313.00
Full Conference Student Non Member	USD 266.00	USD 405.00
Emerging Economy Full Conference Member	USD 0.00	USD 0.00
Exhibits Pass Plus (EPP)	USD 0.00	USD 0.00

Virtual	Before/On 23 February	After 23 February
Conference Member	USD 756.00	USD 897.00
Conference Non-Member	USD 948.00	USD 1103.00
Conference Student Member	USD 222.00	USD 313.00
Conference Student Non-Member	USD 266.00	USD 405.00
Emerging Economy Member	USD 0.00	USD 0.00

C: SHORT COURSE REGISTRATION (See OFC website for Short Course Descriptions)

In-Person Only	Before/On 23 February	After 23 February
Half-Day Lecture Member	USD 292.00	USD 355.00
Half-Day Hands-On Member	USD 355.00	USD 408.00
Half-Day Lecture Non-Member	USD 372.00	USD 435.00
Half-Day Hands-On Non-Member	USD 435.00	USD 509.00

Course Numbers: (Circle selected courses)

SC105	SC114	SC160	SC177	SC203
SC208	SC216	SC217	SC261	SC267
SC325	SC327	SC328	SC341	SC347
SC357	SC359	SC369 Hands-On	SC384	SC393
SC395	SC408	SC431	SC432	SC433
SC443	SC444	SC447	SC448	SC451
SC452	SC453A Hands-On	SC453B Hands-On	SC454 Hands-On	SC459
SC461	SC463	SC465	SC469 Hands-On	SC470
SC473	SC483	SC485	SC487 Hands-On	SC512
SC513	SC514	SC525	SC526	SC527
SC528 Hands-On				

D: ADDITIONAL OFC PRODUCTS

OFC Awards Ceremony & Luncheon Ticket	USD 45.00	X	USD
Extra Conference Reception Ticket	USD 85.00	X	USD
(1 ticket already included with full conference registration)			
OFC Fun Run	FREE	X	

TOTAL PAYMENT USD

E: CONFERENCE QUESTIONS (required)

1. How many times have you attended OFC?
A. This will be my first time. C. 5-9 times
B. 1-4 times D. 10 or more times

2. What are the main reasons you attend OFC? (Choose up to three)
A. To show/see products F. To network with friends, colleagues
B. To see/network with vendors G. To develop or generate new ideas
C. To keep up-to-date with industry trends and issues H. To see innovative new science
D. To make product or service purchasing decisions I. To meet with customers
E. To present my work J. Other _____

3. Are you presenting a paper? (Acceptance notifications will be sent in December 2023)
 No Yes

4. Which category best describes your job function? Please choose one:
A. Executive Management (CEO, CFO etc.) H. Professor/Educator
B. Executive Technical (CTO, CIO, Chief Scientist) I. Purchasing Director/Manager
C. Manufacturer's Representative J. Researcher /Scientist (Corp/Govt)
D. Marketing or Sales K. R&D Director/Manager
E. Network Systems Engineer L. Student
F. Press M. Technician
G. Product Engineer N. Venture Capitalist/Financier
O. Other _____

5. Which category best describes your organization? Choose all that apply:
A. Carrier/Network Service Provider H. Government Agency/Government Contractor
B. Components/Device Manufacturer I. Investment/Venture Capital
C. Content Provider J. Research and Education
D. Contract Manufacturer K. Systems/Network Equipment Manufacturer
E. Data Center Operator L. Test Equipment Manufacturer
F. Enterprise/Private Cloud M. Other _____
G. Fiber and Cable Supplier

6. What is your role in purchasing? Please select one:
A. Make Purchasing Decisions C. Specify Products/Services
B. Influence Purchasing Decisions D. No Role

7. What types of products are you or your organization interested in? Choose all that apply:
A. Active and Passive Components E. Network Equipment/Network Software
B. AI/ML F. Quantum Communications
C. Cable and Fiber G. Test or Manufacturing Equipment
D. Data Center/IT Products H. Other _____

8. What is your Organization's annual purchasing budget?
A. Less than \$100K D. \$1 million - \$9 million
B. \$100K - \$500K E. Over \$10 million
C. \$501K - \$999K F. Don't Know/Not Applicable

9. A list of all virtual registrants may be provided electronically to participating exhibitors or sponsors. This list will include the name, email, organization, job title, state/country of attendees who have registered at the time of distribution and consented to their information being shared.
 I give permission for my details to be provided to sponsors/exhibitors. (Recommended)
 I do not give permission for my details to be provided to sponsors/exhibitors.

10. Check here if you would like a Certificate of Attendance. Note that certificates will be sent post show via email to participants who check this box AND attend the conference.
 Yes, I would like a Certificate of Attendance.

F: DEMOGRAPHIC QUESTIONS

Making progress toward a diverse, equitable, and inclusive community is a core value of OFC and its co-sponsors. Data serves as a critical component for transparency and measuring progress. The purpose of this data collection is to identify areas of improvement and monitor trends. Data will be reported in aggregate metrics and only shared with OFC leadership and co-sponsors. Individual sensitive data, including Gender, Race and Ethnicity will be kept strictly confidential and never shared. Below are optional questions that you may choose to answer voluntarily. By answering the optional questions below, you consent to collecting, using, and storing your data as detailed in OFC's [privacy policy](#).

I. Gender Identity:
 Prefer not to answer Woman Man Self Identify _____

II. Which categories describe you? Choose all that apply to you:
 Prefer not to answer
 Asian – For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese
 Black or African Descent – For example: Ethiopian, Haitian, Jamaican, Nigerian, Somali
 Indigenous – For example: Aboriginal, American Indian or Alaska Native, First Nation
 Latinx – For example: Brazilian, Colombian, Cuban, Dominican, Mexican, Puerto Rican, Salvadoran
 Middle Eastern or North African – For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian
 White or European Descent – For example: English, French, German, Irish, Italian, Polish
 Some other race, ethnicity, or origin, please specify: _____

G: PAYMENT INFORMATION

Payment must accompany form to complete processing. **Your full name and address should be typed or printed clearly on your check or wire transfer/bank draft.**

Method of Payment – Option 1:

Check (send to 2010 Massachusetts Ave NW, Washington, DC 20036)
 Wire Transfers Bank of America
222 Broadway
New York, NY 10038
CHIPS: 0959 / SWFT: BOFAUS3N / ABA# 0260-0959
Optica Account # 002086784287
 ACH Transfers Bank of America
1501 Pennsylvania Ave NW
Washington, DC 20005
ABA# 054-00120-4
Optica Account # 002086784287 (Checking)

Note: Wire transfer/check should include the registrant's name, invoice number and OFC 2024. Fax or email any supporting documents to Accounts Receivable, Optica, fax number +1 202.416.1450 or email, AttendeeReg@optica.org. Please incorporate any bank fees associated with your wire transfer. The registrant is responsible for these fees.

Method of Payment – Option 2: VISA Mastercard American Express Discover

CARD NUMBER	EXP. DATE	CVV
CARD HOLDER'S NAME AS IT APPEARS ON THE CARD I authorize OFC to charge the total payment indicated on this form to my credit card.		

CARD HOLDER'S SIGNATURE DATE
Refund Policy: A USD 75 service charge will be assessed for processing refunds. Requests for refunds that are received by **Friday, 1 March 2024**, will be honored. All refund requests must be made in writing. No refunds will be honored after this date.